Evaluation Report Pursuant to

Wis. Stats. 49.167(2)(c)

Urban/Rural Women's Substance Abuse Treatment Grants

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I. Executive Summary

Pursuant to Wis. Stats. 49.167(2)(c), this report presents the results of two client outcome studies examining the provision of coordinated substance abuse services for TANF-eligible families during 2000-2001. The first study (n=146) examined self-reported changes from admission to discharge among clients served on several quality of life indicators such as employment, housing, alcohol/drug use, family functioning, trauma, basic living skills, and others. The second study (n=119) gathered data from state records sources (wages, Medicaid costs, arrests, and TANF cash payments) on a different cohort of clients served under the same project.

The study evaluated the outcomes of grants to eight (8) community substance abuse treatment agencies around the state to implement an innovative cross-systems approach to services involving child protective services, welfare services, community corrections, and substance abuse and mental health treatment. In accordance with s. 46.86(6), the agencies provided outreach, case management, system coordination, and treatment services.

The principal findings and recommendations include:

- All counted, the agencies receiving grants served 291 and 531 adult clients/families in 2000 and 2001 respectively or approximately 410 adult clients/families each year. Additional resources are needed to reach at least 615 more adult clients/families in the communities affected and to expand the program to other Wisconsin communities in need of similar services for TANF-eligible persons.
- Forty-seven percent (47%) of clients had completed or were actively involved in substance abuse services four to eight months after admission (the time of the second interview). This rate exceeds that found in the general population of publicly funded female clients (46%). Considering the multiple problems and severity of addiction exhibited by grant clients, this should be considered a noteworthy achievement. However, this finding also points to the need for more intensive case management in some of the sites having lower rates. Agencies having higher treatment retention rates should be examined and their best practices transferred to sites having lower treatment retention rates.
- As was to be expected, better outcomes were found among those clients engaged in or completing services than those not completing services in the areas of housing, employment, abstinence from using substances, emotional health, recovery support, basic living skills, access to health care, and finances.
- While actual per client earnings didn't change during the study period, the proportion of clients who were employed increased 5 percentage points from admission to 18 months after admission despite a worsening economic situation in the state. In other words, 21 clients who did not have jobs at admission, had jobs 18 months later.
- Many barriers stand between women with substance use disorders and employment. There is a great need for special work adjustment programs for recovering substance abusers and willing employers.

- The study presents evidence that the collaborative services are capable of reducing crime (arrests) by 60 percent among clients served and saving $271,956 in criminal justice system costs ($665 per client) in one year (Note: Incarceration cost savings are not included).
- No savings were reported in Medicaid expenditures during the study period.
- Per client TANF cash payments declined slightly during the study period and the percentage of clients receiving TANF cash payments declined 4 percentage points from admission to a year-and-a-half after admission. That is, 17 fewer clients received TANF cash payments 18 months after admission. Compliance with W-2 employability plans also increased as a result of the project's services.
- While participating agencies generally held to the principles underpinning the grant program, collaboration across systems and implementing strengths-based and unconditional care approaches are challenging tasks and work still needs to be done among the systems to fully achieve these values.

II. Introduction and Background

Welfare reform swept the country in 1996 with Wisconsin being one of the first to implement a welfare to work program (W-2) under the federal Temporary Assistance to Needy Families (TANF) program. TANF replaced the federal Aid to Families with Dependent Children (AFDC) program. In the years that followed, TANF caseloads and recipients began to decline. As the declines leveled-off, policy makers turned their attention to issues that halted caseload decreases. One significant issue is substance abuse among W-2 recipients. A State of Utah study found that one-third of all non-compliant welfare recipients were substance abusers. At the same time states were given flexibility in deciding how to spend TANF monies. States could transfer up to 4.25% of federal TANF funds to the federal Social Services Block Grant which covered substance abuse treatment.

In January, 2000 and pursuant to Wis. Stats. 46.86(6), TANF funds in the amount of $1 million were allocated along with $1.67 million of Substance Abuse Prevention and Treatment Block Grant funds to implement eight substance abuse treatment projects for women with incomes under 200 percent of the federal poverty level (Note: Actual annual grant expenditures are about $1.8 million). Using a collaborative cross-systems approach involving child protective services, welfare services, community corrections, and substance abuse and mental health treatment, these projects provided outreach, case management, system coordination, and treatment services in the following Wisconsin counties:

- Brown – Family Services of Northeast Wisconsin, Green Bay
- Dane – ARC Community Services, Madison
- Douglas – Douglas County Human Services Department, Superior
- Eau Claire – Lutheran Social Services, Eau Claire
- Fond du Lac – Fond du Lac County Department of Community Programs, Beacon House, and ARC Fond du Lac, Fond du Lac
- Forest/Oneida/Vilas – Human Services Center, Rhinelander
- Washington – Comprehensive Community Services Agency, West Bend

By statute, the projects were charged to meet the special needs of women and low-income individuals with problems resulting from alcohol and other drug abuse and to emphasize parent education, vocational and housing assistance, and coordination with other community programs.

National estimates of the annual prevalence of substance abuse problems among welfare recipients are estimated to be 10 to 20 percent. Treatment needs among female welfare recipients are twice that found in the general population of females. Current Wisconsin TANF recipients number about 10,000 with about 2,000 (20%) having substance abuse problems. The number of Wisconsin Food Stamp recipients is 80,000 with about 8,000 (10%) having substance abuse problems.

The following table provides a breakdown of Food Stamp recipients and substance abuse prevalence for each of the demonstration counties. The combined agencies are currently serving about 410 adult clients/families each year. With additional resources, system cooperation, and outreach, many more clients in need could be served.

Table 1: Prevalence of Substance Use Disorders

County	Food Stamp Recipients	Substance Abuse Prevalence Among Food Stamp Recipients (10%)
Brown	1,714	171
Dane	4,494	449
Douglas	876	87
Eau Claire	1,153	116
Fond du Lac	661	66
Forest/Oneida/Vilas	745	75
Washington	626	63
Total	10,269	1,027

Research has demonstrated that substance abuse treatment is immediately effective in reducing crime. A California study showed that an average treatment episode cost about $1,400 and yielded benefits to taxpayers after treatment worth about $10,000, with the greatest share of benefit derived from reductions in the costs of crime [see Gerstein, D. et.al. (1997) "Alcohol and Other Drug Treatment for Parents and Welfare Recipients: Outcomes, Costs, and Benefits," National Opinion Research Center and The Lewin Group]. Positive employment outcomes among female welfare recipients take more time to achieve. Short-term studies have actually found that employment decreases about 5 percentage points after treatment among women receiving welfare. However, a State of Washington study found that average employment earnings before treatment ranged from $325-$550 per quarter to $600-$800 per quarter 1 to 2 years after treatment.

A 1995 study published by the federal Center for Substance Abuse Treatment showed that one year after treatment, 40 percent of the females receiving welfare assistance eliminated or reduced their dependence on welfare. Between $4,000 and $6,000 was saved each year for each participant who left welfare and became employed. A 1997 State of California study found more

modest results. About 30 percent of females who received welfare income before treatment received no welfare income in the year after treatment, while about 16 percent of women who received no welfare income before treatment began receiving welfare income during and following treatment. Overall, there was a slight net decrease in the overall percentage of females who received welfare payments. Women with children received an average of $5,400 in welfare income in the year before treatment and about $5,100 in the year after treatment, while women with no children received an average of $2,500 in welfare income before treatment and $3,000 in the year after treatment. In the California study, the proportion of women in the study who received welfare declined from 43 percent before treatment to 42 percent one year after treatment. A very promising 2001 study by the Illinois Department of Human Services revealed that six months after treatment 33 percent of clients received cash public assistance compared to 42 percent before treatment. This reduction in cash assistance recipients yielded an average monthly cash assistance savings of $19,227 for the Illinois study sample. The State of Washington study previously discussed found welfare payments of $840–$1,100 per quarter before treatment decline to $771-$855 per quarter 12 to 18 months after treatment. Programs targeted toward welfare recipients having substance use disorders can result in welfare cost savings.

III. Study Method

This report fulfills the requirement under s. 49.167(2)(c) requesting the Department of Health and Family Services to evaluate the outcomes of the funded projects. Two separate studies are reported here. The first study measured self-reported (with counselor verification) outcomes at admission and discharge among 146 consecutive project admissions between January 15, 2001 and May 15, 2001, including:

- Reason for discharge
- Living situation
- Employment
- Alcohol/drug use
- Mental health
- Family functioning
- Trauma
- Criminal justice involvement
- Basic living skills

In this first study, September 15, 2001 was the date when the second interview was taken. At that time, 18 of the 146 clients had completed services, 50 were still receiving services (having received at least 4 months of services), and 78 were discharged, not completing services. Engagement in treatment is a strong predictor of positive treatment outcomes even though clients who do not complete treatment do obtain some benefit. This first study combined the treatment completers with those still active in services and compared them to the non-completers. Table 2 that follows presents the average days that clients were enrolled in services for each of the compared groups:

Table 2: Client Status at Second Interview

Status at Second Interview	Average Duration of Services (Days)
Did not complete services	87 days
Completed services	127 days
Still engaged in services	174 days

The second study is a partial cost-benefit study involving 119 project clients selected from consecutive admissions to the participating agencies between July 1, 2000 and October 31, 2000. Selected cost-benefit data (arrests, employment earnings, TANF cash payments, and paid Medicaid claims) were gathered from various state databases by matching client names or social security numbers for time periods before, during, and after substance abuse services were provided. While the general time periods were one to two years before program admission and up to a year-and-a-half after program admission, the actual time periods and sources of data are discussed separately in each respective section of the report.

IV. Study Limitations

The samples included in the two studies are representative of all clients admitted during the respective sample periods. In combination, the two studies examined a total of 265 different clients served by the agencies and therefore can be considered statistically representative of an entire year of admissions to the projects. The actual annual adult admissions to the agencies numbered 291 in 2000 and 531 in 2001 or an average of about 410 each year.

During interviews about sensitive subjects such as illicit drug use, crime, and the like, some respondents will misrepresent themselves and provide inaccurate information, either attempting to put themselves in a good light or thinking that the information they give may harm them socially or legally. While this can pose some accuracy problems, comparisons of the studies' self-reported data with data from state records sources proved the two to be very similar (see Table 3).

Table 3: Records vs. Self-Reported Data

Item	Self-Reported	State Record Source
Admission:		
W-2 enrollment	14%	15%
Employed	32%	39%
Criminal justice involvement	42%	49%
Post-Discharge/2nd Interview:		
Employed	46%	44%
Criminal justice involvement	13%	16%

In the section of the report that examines self-reported client outcomes, it should be noted that data were not available for about 40 percent of the group of clients who were discharged, not completing services. The percentages reported are based upon the total subgroup, using the assumption that clients who do not complete services are less likely to have positive outcomes. As such, the rates could be slightly better than those reported.

The results presented for the first study (client interview study) are short-term in nature. Clients in the first study received anywhere from four to eight months of care, which is less than the average. Clients in the second study (state records study) received a more adequate amount of care (about 12 to 18 months). However, the data in the second study were gathered between 12 and 18 months after admission which is considered short-term for a cost-benefit study.

Finally, while those clients still engaged in services at the study's end and those who completed services had significantly better overall outcomes than those clients who did not complete services (Fisher's Exact Test), in some individual outcome areas such as psychological health and basic living skills, the differences were not statistically significant due to the relatively small sample size. Nonetheless, the study's results are considered to be meaningful and useful for guiding planning and decision making.

V. Client Population Studied

Persons/families served by the projects primarily include low-income women with alcohol or drug abuse problems and needs and their children. In addition to having a substance use disorder, the families served by these projects met one of the following characteristics:

1. TANF – eligible. Families that have a parent(s) and minor children or pregnant women with incomes below 200 percent of the federal poverty level. The federal poverty level (3 times the cost of a minimal diet) for a one person household is $8,350 per year or $696 per month; for a family of four it is $17,050 per year ($1,421/month).
2. Persons involved in at least one other system such as mental health, domestic violence, community corrections, child welfare, W-2, DVR, etc.

The average age of the women served was 34 with the youngest being 18 and the oldest 66. African Americans comprised 8 percent of the sample, American Indians 9 percent, Latinos 2 percent, Asian Americans 1 percent, and Caucasians 81 percent. Three-fourths (74%) of the women had an average of 2.4 minor children. Nearly 730 children are directly or indirectly affected by the project's activities in one year.

Half (50%) of the adult clients reported receiving some type of public assistance. Fourteen percent (14%) of the sample women were enrolled in W-2 (self-report); 35 percent received Medical Assistance; and 30 percent received Food Stamps. In the 3-month period prior to program admission, 15 percent of participants had received TANF cash payments (state records). Thirty-two percent (32%) were employed at admission (self-report) and 39 percent had any employment earnings in the 3 months prior to admission (state records).

Alcohol was the principal substance abused (80%); the remainder abused other drugs such as marijuana and cocaine. Forty-two percent (42%) of the sample was currently on probation (self-report) and 49 percent had had an arrest in the 2 years prior to admission (state records).

VI. Services Provided

As discussed previously, the program was designed to provide a collaborative cross-systems approach to substance abuse services involving child protective services, welfare services, community corrections, and substance abuse and mental health treatment. All projects provided case management or "care coordination." This means that all of the client's needs affecting recovery are evaluated, prioritized, included in the recovery plan, and managed. Over two-thirds (69%) of the clients received outpatient treatment, which is typically up to 3 hours of counseling and care per day for 3 days a week. In-home visits were also a part of outpatient services. Eleven percent (11%) received day treatment, a more intensive form of outpatient - about 5 hours of care per day for 5 days a week. Another 11 percent received structured 24-hour care or residential treatment. Nine percent (9%) of clients received case management services only.

Services were generally provided in client-paced, need-oriented phases as follows:

Phase 1 - address basic needs for food, housing, transportation, childcare, psychiatric care, medical care, finances, legal issues, etc.; provide individual counseling to encourage continued engagement in services and assess treatment needs and issues.

Phase 2 – Begin to attend group therapy and educational sessions; practice abstinence from substances; begin to understand relapse triggers and work on treatment issues. Individual sessions are provided as needed. Basic needs are continually addressed.

Phase 3 – Client begins to maintain consistent abstinence and practices healthy behaviors with continued treatment and case management support.

Phase 4 – Self-sufficiency is addressed and connections are made with natural community supports such as AA, church group, Parents Anonymous, etc. Intermittent support is provided during recovery.

Participating agencies also held to a set of core values that were the foundation of service provision. These principles were developed by focus groups consisting of state and county administrators, professionals, and consumers:

A. *Collaboration Across Systems*
Program/system cooperation and agreement or consensus on values, goals, standards, definitions, and course(s) of action that should be uniform and accepted by all system components regardless of discipline. The focus is on what is in the best interest of the individuals and families served. Agencies coordinated care with an average of seven system partners per client such as community corrections, W-2, child welfare, mental health treatment, housing, transportation, domestic violence, vocational rehabilitation, courts, health care, and homeless shelters. Collaboration across systems is a formidable task and work still needs to be done among the systems to achieve this principle.

B. Team Approach to Services
A family team consists of a group of people, in addition to the family, who represent a blend of formal and informal resources (professionals and others) that make up the family support

network. This team functions with the family in an interactive process to develop a recovery plan that will assist the family to reach favorable outcomes. While clients generally chose who was involved in the team, work still needs to be done to bring all systems and family representatives into the team.

C. Family-Centered Services

A family-centered approach means that families are defined to include extended family members and significant others who function as natural supports in the context of that family. The family is treated with dignity and respect and regarded as a resource in the treatment process. The family is valued in all aspects of planning and evaluating the service delivery process. Typically there is resistance and barriers to family involvement. Agencies generally obtained family involvement from 50 percent of adult clients served.

D. *Consumer Involvement*

Clients are to be involved in all aspects of the project. Clients are viewed as equal partners in planning, design, implementation and evaluation. Practical support is provided to enable consumers to participate in the process, ranging from childcare and transportation to emotional support and encouragement. Consumer involvement in the process is empowering and increases the likelihood of their cooperation, understanding, and success as well as strengthening the collaboration needed between systems and providers. Consumer participation in the decision-making process affecting their life increases clients' self-esteem, their sense of belonging, their accountability, and motivation for self-sufficiency. Agencies typically had recovering clients on their advisory boards.

E. Gender/Culture-Specific Services

Programs for this target population include specific components that address women's issues and reflect current research indicating effective treatment components for women, i.e. to include, but not be limited to, victimization histories, domestic violence/relationship dynamics, emotional regulation, parenting, self-esteem, and educational needs. Programs reflect an understanding of the issues specific to women and reflect support and understanding of cultural diversity and lifestyles, which are then incorporated into the programming. Agencies addressed domestic violence, sexual abuse, AIDS, female health issues, eating disorders, parenting, anger management, relationships, trauma, shame, transportation, childcare, and housing. The client-counselor bond was principal and services were provided within a safe, non-judgmental atmosphere.

F. Strengths-Based Services

This is a belief founded on the idea that all persons possess strengths, hopes and desires upon which a service approach can be built. The focus of the person is on their positive attributes and their "grist" for survival and independence. Strengths are identified and valued, and service interventions build on them. Moving from a traditional problem-oriented approach to services to a strengths-based one is new to many system partners. More work is needed in this area among system partners.

G. Work Focus

Agencies were dedicated to positive, immediate, and consistent employment and/or employment-related activities, which result in self-sufficiency, improved quality of life, and productive contribution for self, family, and the community. In some communities, sheltered work is used as a bridge back to the labor force and assistance was provided to clients seeking their GED. Many barriers stand between women with substance use disorders and employment, some of which are deeply rooted in communities. There is a great need for special work adjustment programs and willing employers.

H. Builds on Natural Community Supports

Utilizes the wealth of free resources in communities. Fosters development of additional support and services, and builds upon these on-going natural supports or resources including family, relatives, neighbors, friends, faith community, and co-workers. The ultimate goal for the service system is to weave the client so well into the fabric of informal support systems that the role of formal services is very small or not needed at all.

I. Growth from Environments that Encourage Learning

Collaborating agencies have a positive can-do attitude toward clients. They believe in growth, learning, recovery, and improvement from systems that instill hope and are dedicated to treating families and individuals with respect and dignity.

J. Unconditional care

Agencies and professionals persist in caring for the client and family without conditions. While it is recognized that behavioral approaches use positive and negative reinforcements, overall service provision is not based upon conditions or "ifs." It is the responsibility of the program to adapt to the needs of the family. The family team agrees that it will provide the necessary support to the family to achieve their identified goals without restriction and for as long as it takes. Services are offered regardless of participation level or relapse. This is another principle that is new and emerging in the field of substance abuse treatment. More work needs to be done among system partners in this area.

VII. Case Study Descriptions

Lessons can be learned from a closer examination of several clients/families served by the projects. In particular, the examples show the importance of system collaboration, and patience and perseverance with clients before improvements are seen. All names have been changed to ensure anonymity.

Billie is a married mother of two children and currently pregnant. She was dependent on alcohol and prescription pain killers and was under order of the court to remain abstinent. Unfortunately, community corrections put unreasonable demands on the client during care requiring her to either get a job and help support her family or be revoked. In spite of these demands and a subsequent relapse, the project continued to provide care for Billie. The client's husband eventually agreed to receive counseling himself and Billie is reported to be doing well.

Helen, an older alcoholic on probation, had a history of alcohol-related medical problems including pancreatitis. This was her third time seeking services for substance abuse. She was homeless when referred for services due to a domestic violence incident. During care, Helen relapsed and her probation was revoked. She was placed back in jail, however, contact continues to be made with Helen while she is in jail.

Mary Jo is a young single mother of two who does not perceive her substance dependency to be problematic. While agency staff worked with her attempting to motivate her to deal with her problems, Mary Jo would back away from services if the pressure to address her problems was too much. Eventually Mary Jo would only come by when she was in a crisis. Eventually, Mary Jo stopped returning agency phone calls. The project put Mary Jo on the inactive list, however, would reopen services if Mary Jo contacted them again.

Shantra is a victim of domestic abuse and homelessness, has three young children all in protective services, and suffers from clinical depression. While all children are still in protective custody, Shantra has greatly improved as a result of services, is employed as a nurses aid and is following her doctor's orders regarding medication for her depression.

Cindi was arrested for selling drugs in a school zone and was on release from jail when she began receiving services. Cindi was dependent on cocaine and heroin and her 2 children had been placed with their grandmother. Cindi does not yet have custody of her children but is doing well working at a local retail store and has moved into her own apartment.

VII. Principal Findings – Client Outcomes

As is evident from the above descriptions of consumer response to services, recovery from addictions and associated problems is a long-term process, much like recovery from diabetes, hypertension, or hyperlipidemia (elevated fats in the blood). As it is with these medical illnesses which require behavioral interventions (lifestyle modification), typically over 50 percent of service recipients will have a relapse. Consumers choose to participate or not participate in treatment. As such, consumers have the right to step away from services without receiving threats, given artificial consequences, or experiencing barriers to re-engagement in services. Recovery happens when effective services, system collaboration, a sustained commitment to positive life changes on the part of the consumer, and natural community supports all come together.

Consumers are unique and have specific needs, problems, strengths, ambitions, and expectations for recovery. For persons recovering from alcohol or drug addiction, management of their own lives and mastery of their own futures requires different pathways at different times. Recovery from addiction is more than stopping alcohol or drug use or being better able to cope with cravings or situations that trigger use. The treatment of an individual must be approached from a total recovery process addressing multiple problems, not just addiction. And so it follows that the outcomes measured in this study are many and varied.

A. Service Retention

September 15, 2001 was the date for the second interview and collection of data in the first study. Clients were placed in two categories: discharged having completed services or still active and engaged in services; and discharged, not completing services. At this time most clients would have received at least four months but no more than eight months of care. Previous studies have demonstrated a strong connection between the level of participation in services and positive outcomes. It follows that clients who adhere to the recommended course of treatment have a better chance of recovery. Forty-seven percent (47%) of the clients were actively engaged in services or had completed services. This is slightly better than the general population of females receiving publicly supported treatment statewide whose treatment completion rate is 46 percent (Source: HSRS). Considering the fact that the clients in the study sample have much more severe addictions and other life problems than the general population of female clients, this is a noteworthy achievement.

Table 4: Treatment Participation

Percent completing or still engaged in services after at least 4 months	47%
Percent not completing services	53%

For the remainder of the outcomes described, the total sample admission levels are compared with two client subgroups: clients who were actively engaged in services or had completed services; and clients who were discharged, not completing services. It should be noted that data were not available for about 40 percent of the second group of clients, those discharged, not completing services. However, the percentages are based upon the totals within each subgroup.

B. Living Situation

Clients served by the projects improved their independence, stability, and recovery-supportedness pertaining to housing. For living situation, better outcomes were found among those involved in or completing services versus those not completing services.

Table 5: Living Situation Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
Homeless	2%	0%	3%
Permanent, independent living situation	64%	76%	56%
Satisfied with living situation	65%	64%	42%
Living situation does not cause problems staying sober	81%	90%	75%

C. Employment

Gains were evident in the area of self-reported employment. Better employment outcomes were found among those involved in or completing services versus those not completing services (see Table 6).

Table 6: Employment Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
Employed	32%	51%	39%
Enrolled in vocational/educational program	14%	25%	12%

The general population of females receiving publicly supported treatment statewide have a full- or part-time employment rate at discharge of 63 percent (Source: HSRS). However, the HSRS sample employment rate at admission was 51 percent.

The employment earnings data reported below for the second study are from the unemployment insurance database provided by the Research and Statistics Unit of the Division of Workforce Solutions, Department of Workforce Development.

Of the 119 project clients in the second study sample, the average client monthly income during the 2 years prior to admission to the project was $303 (see Table 7). As mentioned earlier the federal poverty level income for a one-person household is $696 per month; for a family of four, $1,421 per month. In the 3-month period just prior to program admission, 39 percent of clients were employed. In the year-and-a-half period after admission, monthly income averaged $304 per client for all study sample clients (n=119). In the last 3-month data collection period (October to December, 2001), 44 percent of clients were employed.

It should also be noted that the overall economic situation in Wisconsin worsened during the study period. Statistics published by the Federal Department of Labor show Wisconsin's unemployment rate rising from 3.4 percent in 1998 to 4.6 percent in 2001. The February, 2002 unemployment rate was 5.8 percent.

Table 7: Employment Earnings Before and After Services

Baseline	
Average employment earnings per month per client in the two years prior to project admission	$303
Percent of clients with any Wisconsin employment earnings in the 3-month period just prior to admission	39%
Outcome	
Average employment earnings per month per client in the year-and-a-half after program admission	$304
Percent of clients with any Wisconsin employment earnings in the last 3-month data collection period (October to December, 2001)	44%

D. Alcohol/Drug Use

Self-reported alcohol and drug use declined among project clients (see Table 8). Two-thirds of those engaged in or completing services were abstinent at the second interview or at least four months or more after admission. For alcohol/drug use, better outcomes were evident among those involved in or completing services versus those not completing services.

Table 8: Alcohol and Drug Use Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
Abstinence from alcohol or other drugs in past 30 days	54%*	66%	35%
Average days of alcohol/drug use in the past 30 days	3.5	.9	1.8

*It should be noted that while 54 percent of the clients were abstinent at admission to the program, all were diagnosed as having a current substance use disorder.

E. Psychological Health

Nearly 90 percent of clients reported experiencing psychological or emotional problems at admission. By the second interview (four or more months after admission), 17 percent of those engaged in or completing services reported being troubled or bothered by such problems.

Table 9: Psychological Health Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
Psychological or emotional problems	89%	68%	91%
Troubled or bothered by psychological or emotional problems	59%	17%	39%

F. Family Functioning and Support

Fear of losing children permanently is a major barrier to treatment among mothers with substance use disorders. Participating agencies addressed temporary childcare and custody and other family issues in recovery plans. Of the 730 children of the mothers involved in the project, 52 percent were in the care or custody of their mothers at admission. By the second interview (at least four months after admission) 48 percent of the children were in the care or custody of their mothers. While care or custody of children declined 4 percentage points overall, this should not be considered a negative outcome because much of this is temporary in nature and the mothers need time to recover, obtain support, employment, and safe and stable housing before they can assume the responsibility of caring for their children. Table 10 below presents additional outcomes in this area.

Table 10: Family Functioning and Support Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
All children in mother's care or custody*	64%	38%	40%
Not troubled about parenting responsibilities	43%	49%	40%
No serious conflicts or quarrels	51%	62%	58%
Feels cared about or loved	81%	89%	78%
Has 3 or more supportive persons	66%	77%	57%

*Does not necessarily imply legal custody. The interview question is "How many children are living with you or in your care or custody?"

G. Trauma/Victimization

Many women served by the project have experienced prolonged physical and emotional injury from family members, relatives, intimates, and others in their lifetimes. Some of this trauma is repressed and unresolved resulting in lack of proper development and dysfunctional decision

making and behavior. The table that follows shows marked declines in recent trauma among clients participating in services.

Table 11: Victimization Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
Experienced emotional abuse in past 30 days	43%	36%	23%
Afraid of someone in past 30 days	23%	17%	16%
Hit or beaten in past 30 days	9%	6%	10%
Experienced sexual abuse in past 30 days	4%	0%	5%

H. Criminal Justice Involvement

Arrest data in the second study were obtained from the Criminal History Record Check Unit of the Wisconsin Department of Justice. Among the project clients in the second study, 49 percent had an adult arrest in Wisconsin in the two years prior to project admission (see Table 12 below). These individuals had, on the average, 1.43 arrests per year during the two years prior to project admission. For the entire sample, this computes to an average of 0.7 arrests per year per client prior to project admission. A variety of violations were mentioned in the rap sheets including weapons, failure to appear in court, bail jumping, probation violation, battery, disorderly conduct, prostitution, child neglect, controlled substances, armed robbery, burglary, retail theft, driving while intoxicated, fraud, forgery, and property damage.

Just 16 percent of the clients had an adult arrest in Wisconsin in the year after project admission. In the year after project admission, 67 percent of those with arrests in the two years prior to admission had not had a re-arrest. On the average, there were 0.57 arrests per year per arrested client during the year after project admission. The overall reduction in arrests was 0.86 arrests (1.43 - 0.57) per arrested client per year. For each client who is admitted to the project with a recent history of arrests, the project appears to be capable of keeping 67 percent of them from having a re-arrest and reducing arrests per arrested client from an average of 1.43 arrests per year before admission to 0.57 arrests per year after admission.

Table 12: Arrest Outcomes

Baseline	
Sample clients with at least one (1) Wisconsin arrest in the two years prior to project admission	49%
Average Wisconsin arrests per year per client who had an arrest in the two years prior to project admission	1.43
Outcome	
Sample clients with at least one (1) Wisconsin arrest in the year after project admission	16%
Average Wisconsin arrests per year per arrested client in the year after project admission	0.57

A number of studies have attempted to estimate the public costs of crime. One of the most frequently cited studies attempting to quantify the net costs to the criminal justice system was done by Edwin Zedlewski (1987). To calculate the cost associated with each of America's crimes, Zedlewski simply divides the total expenditures on crime in the United States by the total number of crimes committed (as reported in victimization surveys) in the United States. From this he concludes that each crime "costs" $2,300. A related study which has also received a great deal of attention in the literature is John DiIulio's "Crime and Punishment in Wisconsin". DiIulio (1990) performs a benefit-cost analysis based on a survey of Wisconsin prisoners. He cites a RAND Corporation study putting the social cost of a crime at $500, well below Zedlewski's figure of $2,300 per crime. The United State Bureau of Justice Statistics reports the average police and judicial costs of index crimes. For example, in 1976, the average cost of an index crime was $1,730. In 1982, the cost rose to $2,120 and in 1998, the cost was $7,210. Jens Ludwig (2001) identifies arrest and trial costs for non-violent crimes such as drug violations ($1,340) and driving while intoxicated ($3,000). Steve Aos (2001) reports average law enforcement costs for property and misdemeanor arrests at $1,890 and $765 respectively. In the Aos study, if there is a conviction, the court and prosecution costs increase costs to $3,565 and $1,100 for property and misdemeanor crimes respectively.

The best estimates of the public costs of crime are from studies that delineate costs for each function of the criminal justice system. Albert Reiss (1994), in "Understanding and Preventing Violence," reports such a study. The following chart itemizes Reiss' average arrest, detention, and court costs for assault and robbery crimes.

Table 13: Public Costs of an Arrest (excludes incarceration costs)

Criminal Justice Function	1993 Per Crime Cost
Police response and booking	$30-$50
Pretrial detention	$133-$138
Arraignment, hearings, filing, trial, and sentencing costs	$250-$300
Public prosecution	$500-$580
Public defender	$212-$290
Total	$1,125-$1,358
Estimated Average Cost Per Arrest	$1,242

In order to bring these estimated average costs to present day value, a cost adjustment of 3 percent per year for eight years was added to Reiss' base figure of $1,242 bringing the present cost to $1,572.

Since the clients in the second study sample represented only those admitted during a four-month period, it is useful to project this analysis to an entire year of program participants as presented in the following table. The collaborative project appears to be capable of reducing crime by 60 percent and saving $271,956 in criminal justice system costs or $665 per client in one year. It should be noted that incarceration costs are not included in this analysis.

Table 14: Arrest Partial Cost-Benefit

Annualized project adult clients (291+531)/2	410
Baseline	
Total Wisconsin arrests all clients in the one year prior to program admission	288
Outcome	
Total Wisconsin arrests all clients in the year after program admission	115
Cost Savings	
One year prior to program, baseline arrest costs (288 x $1,572)	$452,736
One year after program, outcome arrest costs (115 x $1,572)	$180,780
One year net criminal justice system cost savings ($452,736 - $180,780)	$271,956

I. Basic Living Skills

The most prevalent basic skill limitation among project clients was reading (85%), followed by grooming (81%), making meals (80%), finding housing (76%), making healthy food choices (70%), and communication (68%). Participation in project services increased these skill levels (see Table 15).

Table 15: Basic Living Skills Competency Outcomes

		Discharge Level	
Outcome	Admission Level	Still Engaged in Services or Completion	Did not Complete Services
Counselor rating: client is competent in basic living skills	49%	59%	30%

J. Health Care Utilization and Access

Having adequate and affordable health insurance and health care is important to project clients. Clients engaged in and completing services increased their self-reported access to affordable health care (see Table 16).

Table 16: Health Insurance Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
Client possesses health insurance	51%	58%	44%

In the second study, paid Medical Assistance claims data were obtained from the Medicaid Evaluation and Decision Support (MEDS) Claims History Operational Data Store maintained by the Wisconsin Department of Health and Family Services and Electronic Data Systems (EDS). This data warehouse contains records from the Medicaid Management Information System. Fifty-nine percent (59%) of the clients had a paid Wisconsin Medical Assistance claim in the two years prior to project admission (see Table 17 below). These individuals had, on the average, $188 per month in Medical Assistance claims paid during the two years prior to project admission. For all study sample clients (n=119) the average costs were $110 per month per client prior to project admission.

In the year and a half after admission, 58 percent of project clients had a paid Medical Assistance claim. On the average, $226 per month per client was paid in Medical Assistance claims during the year and a half after project admission. For study sample clients (n=119) the average costs were $130 per month per client after project admission. There is a slight reduction in the proportion of women receiving Medical Assistance but an increase in the amount paid to recipients.

Table 17: Medicaid Expenditures Partial Cost-Benefit

Baseline	
Sample clients with at least one (1) paid Wisconsin MA claim in the two years prior to project admission	59%
Average Wisconsin paid MA claims per month per client who had a paid MA claim in the two years prior to project admission	$188/mo
Wisconsin total MA costs for all study clients in the combined two years prior to project admission	$314,724
Average Wisconsin paid MA claims per month per client in the two years prior to project admission	$110/mo
Outcome	
Sample clients with at least one (1) paid Wisconsin MA claim in the year and a half after project admission	58%
Average Wisconsin paid MA claims per month per client who had a paid MA claim in the year and a half after project admission	$226/mo
Wisconsin total MA costs for all study clients in the year and a half after project admission	$279,472
Average Wisconsin paid MA claims per month per participant in the year and a half after program admission	$130/mo

K. Finances, W-2 Participation, and TANF Cash Payments

Many clients were admitted to the project with concern about not being able to pay their bills or support their families. These issues are addressed in coordinated recovery plans. The table that follows reports increases in clients' ability to meet basic expenses and compliance with W-2 employability plans.

Table 18: Financial and W-2 Employability Outcomes

Outcome	Admission Level	Discharge Level	
		Still Engaged in Services or Completion	Did not Complete Services
Experiences no trouble or difficulty meeting basic family expenses	42%	53%	46%
Fully complying with W-2 employability plan (n=25)	71%	80%	45%

TANF cash payments data from the second study were obtained from the Research and Statistics Unit of the Division of Workforce Solutions, Department of Workforce Development. Thirty-two percent (32%) of the clients had received at least some Wisconsin TANF cash assistance in the two years prior to project admission (see Table 19 below). These individuals had received an average of $186 per month during the two years prior to project admission. The total W-2 TANF cash payment costs for all clients in the sample (n=119) were $60 per month per client before admission. In the 3-month period prior to project admission, 15 percent of clients had received TANF cash payments.

In the year-and-a-half after project admission, 25 percent of project clients had received Wisconsin TANF cash assistance. These individuals had received an average of $201 per month during the year-and-a-half after project admission. The total payments for all clients in the sample (n=119) were $51 per month per client after admission. Within the first year and a half after project admission, the initial overall decrease in W-2 TANF cash payments was 15 percent while there was a decline of 21 percent in the number of cash payment recipients. In the last 3-month data collection period (October to December, 2001), 11 percent of clients had received TANF cash payments. There is a reduction in the proportion of women receiving TANF cash payments and a slight decrease in the overall amount paid to recipients.

Table 19: TANF Cash Payments Partial Cost-Benefit

Baseline	
Sample clients with any W-2 TANF cash payments in the two years prior to project admission	32%
Total W-2 TANF cash payment costs for all study clients in the two years prior to project admission	$171,165
Average W-2 TANF cash payments paid per month per client in the two years prior to project admission	$60/mo
Percent of clients with W-2 TANF cash payments in the 3-month period just prior to admission	15%
Outcome	
Sample participants with W-2 TANF cash payments in the year and a half after project admission	25%
Total W-2 TANF cash payments costs for all study clients in the year-and-a-half after project admission	$109,055
Total W-2 TANF cash payments paid per month per client in the year and a half after project admission	$51/mo
Percent of clients with W-2 cash payments in the last 3-month data collection period (October to December, 2001)	11%

IX. References

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Urban/Rural Women's AODA and
TANF AODA Project Agency Descriptions

Dane County Department of Human Services, Terry Bucheger-Aissa and Michelle Kurilla, Program Managers, 1409 Emil Street, Ste. 200, Madison, (608) 283-6426, for their urban project: *"Integrated AODA & Work Services for Women and Their Families in Dane County."*
Through an operations subcontract with ARC Community Services, Inc., ARC has extended its AODA services to create an integrated multi-disciplinary family-focused, strengths-based, comprehensive case management program providing wraparound services that are gender and culturally competent to meet the special needs of TANF-eligible, W-2 enrolled, AODA affected women and their families on both a system and participant level. ARC is now able to increase services to those working, involved in community service jobs (CSJ), and those needing post-placement support for their recovery in order to remain employed. Tellurian, ARC's subcontractor, developed a 6-bed Family Transitional Unit to provide safe, AODA-free housing for women and their children while they are enrolled in women-specific AODA treatment.

ARC Fond du Lac (Fond du Lac County), Darlene Hansen, Program Manager, 27 E. Third Street, Ste. B, Fond du Lac, (920) 907-0813, for their urban project: *"Fond du Lac Women's and Children's Services."*
ARC Fond du Lac provides a women-specific day treatment program. The project offers a five-day a week treatment program with on-site therapeutic child care services and intervention/prevention services to children through a combination of onsite services and collaborative service delivery.

Fond du Lac County Department of Community Programs, Sandy Hardie, Executive Director, Beacon, 166 S. Park Street, Fond du Lac, (920) 923-3999, for their rural project *"Beacon Continuing Care."*
Through a operations subcontract with Beacon, Beacon enhances its current programming by providing continuing care, outpatient treatment services, couples therapy group, wilderness retreats, and second stage recovery group. All services address the specialized needs of women on a comprehensive, wraparound, family-focused treatment model.

Family Services of Northeast Wisconsin, Inc. (Brown County), Kris Hutchinson, Program Coordinator, 300 Crooks Street, Green Bay, (920) 436-4360, for their urban project: *"Women's Recovery Journey."*
In developing this new program, Family Services followed in the long tradition of collaboration and contacted several community agencies gathering commitment to work with agency staff in identifying eligible clients, providing training to staff, and providing resources to program participants. The program is both culturally and gender-sensitive and is designed specifically to meet the unique issues related to women who abuse chemicals and their families. The services offered are on a continuum of care and include treatment, education, in-home detoxification if appropriate, childcare, and transportation. A case manager is assigned to each participant to assure that the multiple programs that will be involved with each client is coordinated and that all needs, including the AODA needs are met.

Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (Eau Claire County), Kathy Benson Johnson, Program Manager, 122 S. Barstow Street, Eau Claire (715) 855-6181, for their urban project: *"Women's Way."*
Lutheran Social Services new program of continuing care offers a comprehensive, integrative case management model that incorporates a creative wraparound philosophy. This model is designed to meet the special needs of women and TANF-eligible families with alcohol and other drug abuse problems. The emphasis of program services includes substance abuse services, parent education, vocational training, assistance with housing and coordination with other community programs and treatment services. The project serves women from Eau Claire, Chippewa, and Dunn Counties on probation/parole, with significant substance abuse problems. The project also serves women who are at risk of offending.

Human Service Center (Forest, Oneida, and Vilas Counties), Dottie Moffat, Program Manager, 12385 Warpath Lane, Minocqua, (715) 358-6224, for their rural project: *"Tri-County Women's Outreach Program."*
This Tri-County effort focuses on the empowerment of women to development the necessary skills for long-term sobriety, improve parenting skills, and relationships with their children, and to encourage education and job skills that enhance self-sufficiency. Utilizing the integrated services deliver model and recognizing improved quality of life is not related solely to sobriety but includes attention to developing collaborative processes to meet the psychological, social, and physical unique needs that pertain to women and their families. The project serves women and families through contracts at Koller Behavioral Health and Koinonia.

Comprehensive Community Services Agency (CCSA) of Washington County, Bonnie Drescher, Program Coordinator, 279 South 17th Ave., Ste. 9, West Bend, for their rural project, *"Women's Recovery Program."*
CCSA, working with Genesis Behavioral Health Services, is utilizing the state of the art in AODA treatment programming for women. The Women's Recovery Program is designed to assist substance-abusing women and their families achieve meaningful recovery from chemical abuse and dependency. Services are offered through a wraparound philosophy that builds upon the inherent strengths of women and their families, combined with quality, outcome-based treatment, and consumer involvement. These services directly address gender and cultural needs, and provide a structure for improved multi-systems involvement and coordination. CCSA and Genesis help women and families develop drug-free, recovery-sustaining lifestyles and build natural supports.

Douglas County Department of Human Services, Chris Jasmin, AODA & Mental Health Specialist, 119 N. 25th Street East, Superior, (715) 395-1282, for their rural project, *"Women in Transition."*
Douglas County Department of Human Services (DCDHS) in subcontract with The Recovery Center serves and supports women, custodial, and non-custodial parents, and TANF-eligible families seeking/receiving chemical dependency treatment. The program was developed to support the target population to improve the health and functioning as well as that of their families. The outcome for participants in this program is the acquisition of skills and supports necessary to become responsible and employed adults and parents raising healthy children, and break the cycle of dependency and dysfunction in family units. DCDHS coordinates available

and appropriate support services through collaboration with area community agencies and other wraparound service providers, this allows the client to participate at a level appropriate to her situation. A strong mentoring component is provided to all families served in the project.